

Before submitting your application, please read the [Dispute, Reconsideration and Appeals Policy](#) and the [Disputes, Reconsideration and Appeals guide](#).

Personal Details

Name

RACGP ID

Mobile

Telephone

Email

Training region and name of training coordinator (if you are appealing a dispute outcome)

What decision are you trying to appeal?

Please explain the reason for your application

Your request will be put before the RACGP Appeals Committee for consideration and determination in line with the Disputes, Reconsiderations and Appeals Policy.

Declaration

- I have read, understood and agreed to comply with all [RACGP Policies](#), and in particular the [RACGP Disputes, Reconsiderations and Appeals Policy](#).

I certify that the information I have provided in and with this application is correct and complete.

I understand that the submission of plagiarised, false or misleading information will be handled as per the [Academic Misconduct Policy](#).

I understand that the failure to disclose any restrictions on, or changes to, my medical registration to the RACGP will be handled as per the [Academic Misconduct Policy](#).

Name

Date

Signature

The RACGP's Privacy Statement reflects Federal and State privacy legislation and is available [here](#).

Applications must be submitted via email to education.appeals@racgp.org.au with the following subject line:

Application for appeal - Applicant's surname – Applicant's RACGP ID.

Applications must be submitted within 20 business days of the reconsideration outcome being sent.

Upon receipt of this form an invoice will be issued for payment.

Applications which are incomplete or not submitted according to these guidelines will not be considered.